

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027586

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 59 Primary Registration District No. 5232 Registrar's No. 132

FILED AUG 13 1963

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Union Twp.		Length of stay in 1b Instant	c. CITY OR TOWN Butler
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 Miles S. Belton		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt. 2
3. NAME OF DECEASED (Type or print) First Carolyn Middle Sue Last Sterns		4. DATE OF DEATH Month Aug. Day 4 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-19-1945
9. AGE (last birthday) 18		IF UNDER 1 YEAR Months 18 Days 18 Hours 18 Min. 18	IF UNDER 24 HR Months 18 Days 18 Hours 18 Min. 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (City and state or country) Butler, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Kermit Sterns	
13b. MOTHER'S MAIDEN NAME Geraldeen Dotson		14. NAME OF HUSBAND OR WIFE Single	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv No		16. SOCIAL SECURITY NO. Kermit Sterns-Butler, Mo.	
17. INFORMANT Kermit Sterns-Butler, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fracture Skull Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 1 Car accident	
20c. TIME OF INJURY Hour 11:00 p.m. Month, Day, Year 8-4-63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		20f. CITY, TOWN, OR LOCATION Belton Union Twp. CASS, MO.	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 11:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) Glenn Cummings	
22b. ADDRESS Idanrowille Mo		22c. DATE SIGNED 8-6-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-7-1963	23c. NAME OF CEMETERY OR CREMATORY Oakhill Cemetery	23d. LOCATION (City, town, or county) Butler, Mo.
24. FUNERAL DIRECTOR Culver-Underwood	25. DATE RECD. BY LOCAL REG. 8-7-63	26. REGISTRAR'S SIGNATURE Ray J. Sebray	

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

VS 300
Rev. 4/59

1 0190

2 0070

3

4 1

5 0

6

7 0

8 2

9 X

10

11 019

12 91-3

13 2-0

USE BLACK INK
OR
TYPEWRITER RIBBON

AUG 14 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

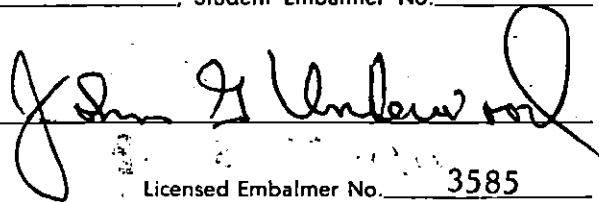
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed



Licensed Embalmer No. 3585

P. O. Address Butler, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.